Improving Healthcare & Driving Economic Growth through Innovation

IMPACT REPORT 2016
NHS England’s YouGov survey in the Autumn of 2015 provides external validation of the work being undertaken by the AHSN NENC. With responses in the top third for 32 out of 33 measures relative to those of the AHSN Network nationally, the AHSN NENC are clearly leading the way in providing an effective contribution to the local innovation and health improvement landscape.
On behalf of our Board, Executive and everyone involved in the programmes, welcome to our impact brochure for 2016. Inside you will find details of the Health Improvement and Wealth Creation work programmes delivered through the Network’s Member Organisations and the impact, thus far, of the AHSN NENC.

OUR PURPOSE AND REMIT

The Academic Health Science Network for the North East and North Cumbria (AHSN NENC) is dedicated to improving healthcare and supporting wealth creation through partnership working and promotion of innovation across the NHS, academia and industry.

With a remit to provide system-wide integration, we facilitate interactions across the NHS Trusts, CCGs and Universities which are our Member Organisations. We support the inclusive, collegiate approaches that are needed to address shared problems at a system level.

‘We are now seeing a return on the AHSN investment and the value of quality partnership working across both health improvement and wealth creation.’
Dr Arnab Basu, Board Chair AHSN NENC

‘The AHSN NENC is now firmly positioned as the honest broker in the region, working on a variety of programmes with provider and commissioning organisations. Our role is to provide the neutral space to allow collegiate working on some of the really big issues.’
Dr Séamus O’Neill, CEO AHSN NENC

Wealth Creation and Health Improvement have a common requirement for innovation. The AHSN NENC supports all aspects of innovation across healthcare from creating a culture that encourages innovation through to the dissemination and adoption of effective practice and proven technologies.

We have achieved the regional reach and local buy-in that is necessary to deliver cross-organisational programmes to improve health and create wealth in the region.

We have:

- Led on the local bid to bring the £4m Connected Health Cities Programme to the region.
- Secured and continued to support delivery of the £10m North East Futures University Technical College, to address the regional skills gaps.
- Secured European Structural Innovation Fund monies of £2m to provide bespoke support to regional SMEs.
- Created The Innovation Pathway as a coherent offering within the region; now adopted across the national AHSN Network.
- Offered, through Health Network North, a forum to promote interaction between local business and the NHS.
- Partnered with the North East LEP in developing and implementing Health Quest North to address regional societal challenges and boost the regional economy.

There is a clear need in the current healthcare system for a neutral space where practitioners can come together to address issues that cross organisational and sectoral boundaries.

Our ability to achieve this stems from the mandate we have from our Board and Member Organisations: it represents a position of significant trust. The YouGov Stakeholder Survey commissioned by NHS England demonstrates that we are doing something right in terms of the value we are providing within the region.

Brokering activity to allow dissemination of best practice in healthcare and mobilising NHS expertise to support regional economic growth can only happen through inter-organisational working. This is what we do and its value is demonstrated in the examples of impact provided in this report.

We hope that you find this informative and if you would like to discuss any aspect of the AHSN NENC or get involved, please do drop us a line.
‘Effective stakeholder engagement is a fundamental element of what we do and how we work. We were delighted with the results of the NHS England commissioned YouGov survey which positioned us as the leading AHSN nationally in terms of our perceived value to members.’

Kirstie Taylor, Director of Communications

‘With our NHS partners and through The Innovation Pathway we are providing the national exemplar of the NHS working with SMEs and larger companies to promote economic growth’

Dr Nicola Wesley, Director of Innovation and Wealth Creation

‘Our programmes such as Medicines Optimisation, Mental Health and Atrial Fibrillation bring together expert practitioners, opinion leaders, patient groups and colleagues from the pharmaceutical industry to deliver demonstrable improvements in pathways and outcomes.’

Beth McArdle, Health Improvement Programme Manager

‘Having created a practitioner-led Patient Safety and Quality Improvement forum in partnership with Health Education England, we are delivering a range of patient safety projects and are aligning our work with the Health Foundation’s Q Initiative.’

Professor Oliver James, Medical Director
Introduction from Dr Nicola Wesley, the AHSN NENC Director of Innovation and Wealth Creation

Our Member Organisations understand their role within the regional economy, and through the AHSN NENC, have been very supportive of mobilising their collective expertise in support of economic growth. All of this fits with the 2011 HM Treasury Plan for Growth in terms of contribution to the UK economy by the public sector and is reflected in our licence with NHS England. We have, since our inception, focussed our Wealth Creation programme on mobilising the assets within our Trusts, CCGs and Universities to attract and grow business within the region.

Economic growth can be driven by ideas and products that arise from within the NHS which have commercial potential and also through the development of products and services by companies through access to NHS expertise and markets. To address this, we have developed and successfully implemented The Innovation Pathway. This is our way of articulating the bespoke services that are provided in a cohesive and efficient fashion to NHS organisations and industry. We are delighted that The Innovation Pathway will be implemented beyond our region and is set to be adopted by the national AHSN Network. The case studies that follow illustrate The Innovation Pathway in action and the testimonials below are evidence from our stakeholders that it is both needed and valued.

WEALTH CREATION

WHAT OUR STAKEHOLDERS SAY:

‘Innovation is most effective when there is a partnership approach. We have developed such a partnership with the AHSN NENC, providing mutual benefits for both organisations as well as industry. Most importantly we have created new opportunities for patients in the region to access new technologies as part of their care.’

Russell Watkins, Assistant Director Business, Innovation and Improvement - The Newcastle upon Tyne Hospitals NHS Foundation Trust

‘Our successful partnership continues to go from strength to strength with the AHSN NENC offering training, networking opportunities, funding support, as well as providing valuable advice and brokering of relationships. This has supported us enormously in embedding a strong innovation culture within our Trust, increasing staff enthusiasm and engagement.’

Andrew Owens, Innovation Director and Cardiothoracic Surgeon – South Tees Hospitals NHS Foundation Trust

‘The AHSN NENC has offered ongoing support to our Trust, which has helped us to develop productive links between our clinicians and local SMEs, allowing us to positively contribute to the delivery of The Innovation Pathway initiative.’

Kim Hinshaw, Consultant Obstetrician and Gynaecologist and Director of Research and Innovation – City Hospitals Sunderland NHS Foundation Trust

We developed The Innovation Pathway with our partners to support companies and NHS organisations as they navigate the complex processes involved in the innovation lifecycle. It offers innovators like Richard Kirk, Chief Executive of County Durham-based PolyPhotonix, the opportunity to benefit from the vast expertise within the region’s healthcare sector.

The AHSN NENC provided funding to help Richard’s product - the Noctura 400 Sleep Mask - to start the approval process with the Food and Drug Administration agency to penetrate the US market and also opened the door to the NHS. The sleep mask has now been used in 35 NHS hospitals, and a series of evaluations are being set up, which will pave the way for NHS adoption.

‘We simply couldn’t have done it without the AHSN NENC. They have given us visibility, given us a voice. Without them I don’t think we would have bridged the gap not only in funding but in terms of credibility. They have given us a much deeper knowledge. The fact you have passed their due diligence processes proves you are demonstrating economic viability and clinical competence. They are the only way to open the door to the NHS.’

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THE INNOVATION PATHWAY IN ACTION

CREATING AND HARNESSING A CULTURE OF INNOVATION ACROSS THE REGION

The Innovation Pathway infrastructure nurtures a culture of innovation; it allows ideas from within the NHS to be harvested, protected and developed; and it supports the adoption of new and improved products and services at pace and scale. All of this is done with the support of our Member Trusts, CCGs and Universities, as it has, at its core, the aims of improving population health and contributing to economic growth.

INNOVATION SCOUTS AND TECHNOLOGY TRANSFER

To help us to drive a culture of innovation, which is of primary importance in the infrastructure of The Innovation Pathway, we have created a network of Innovation Scouts embedded within NHS organisations, and provided funding to increase technology transfer capacity. The ultimate aim of this activity is to help NHS organisations to fully realise the benefits of their expertise and enthusiasm.

WHAT OUR STAKEHOLDERS SAY:

The Innovation Scout Scheme is a great vehicle to help our Trust to promote innovation. The Innovation Scouts help to encourage staff at all levels to identify unmet needs and generate ideas. In turn, the Innovation Scouts offer bespoke support through The Innovation Pathway and the results so far have been really positive.

Gill Husband, Lead for Service Improvement and Innovation - South Tees Hospitals NHS Foundation Trust

To realise the benefits of this culture of innovation, the AHSN NENC have partnered with NHS Innovations North which is the intellectual property hub for the regional NHS. NHS Innovations North delivers aspects of The Innovation Pathway including intellectual property assistance, market research and commercialisation services. This is provided on behalf of the AHSN NENC. to both NHS organisations and regional SMEs

AIDING COLLABORATION BETWEEN THE NHS AND SMEs

The combination of the NHS buy-in to the AHSN NENC and the expertise of NHS Innovations North in working with SMEs provides a valuable, trusted interface with industry. The Innovation Pathway infrastructure is focussed upon the needs of our Member Organisations, SMEs and industry in terms of the development and uptake of new and improved products and services. We have collaborated with a number of regional partners to seamlessly deliver The Innovation Pathway and we have secured further monies from the European Structural Innovation Fund to continue the provision of this support.

The AHSN NENC is uniquely placed to understand and react to the diverse needs of SMEs and industry in interactions with the NHS and to support the uptake of validated products and services which fulfil an identified need.

The Innovation Pathway programme is an excellent and exemplar initiative that could really make a huge difference to SMEs trying hard to get into the NHS and the healthcare system with their innovations and solutions. It fits perfectly with the Strategic Economic Plan for the North East LEP area, where we point out the need to focus our resources into the Healthcare and Life Science Smart Specialisation strand to create more and better jobs and address the region’s health issues:

Hans Moller, Innovation Director at the North East LEP

Health is important not only to the community of the North East but also to the regional economy. It employs tens of thousands of people, is a key focus for innovation and attracts leading edge companies and research bodies. Health Network North will bring all of these interests together into a single dynamic cluster which generates new wealth and improved professional service.’

Gordon Ollivere, CEO - RTC North Limited

The Innovation Pathway allows access to expertise within our Member Organisations. As a result, a range of companies are now interacting with the health and social care system in ways that were not possible before.

In addition, we have created Health Network North which helps its member companies to gain insight and increase engagement with the NHS. The health and social care system can be difficult to navigate and the aim of Health Network North, through themed events, introductions and brokering, is to stimulate innovation and generate wealth.

£2.1 MILLION EUROPEAN STRUCTURAL INNOVATION FUND MONIES RECENTLY SECURED

INNOVATION SCOUTS TRAINED ACROSS 23 NHS ORGANISATIONS

£2.1 MILLION EUROPEAN STRUCTURAL INNOVATION FUND MONIES RECENTLY SECURED
The Innovation Pathway enables companies, of all sizes, to access NHS expertise to grow their business. Through The Innovation Pathway we provide bespoke services covering the entire innovation lifecycle from conception of an idea through to its eventual realisation of commercial success and patient benefit.

Critical to the success of The Innovation Pathway are our delivery partners. Together we provide these services in a seamless and scalable fashion.

The AHSN NENC has been instrumental in maximising the potential of the NIHR Diagnostic Evidence Cooperative (DEC) in Newcastle Upon Tyne, providing invaluable strategic support in boosting our critical mass and assisting with the evolution of our programme of activity. Moreover, the AHSN NENC has helped us to increase the volume of high quality industry contacts, as well as providing regular advice and insights, particularly with regard to our work around clinical and innovation pathways. We work with many excellent stakeholders, but we have found the interaction with the AHSN NENC to be the most valuable, strategic and mutually productive of all.1

Professor John Simpson, Director NIHR Diagnostic Evidence Co-operative Newcastle and Professor of Respiratory Medicine

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A rapid flu test which has the potential to save the NHS time, money and resource has developed its evidence base thanks to expert support from a number of our Member Organisations. It can typically take in excess of 24 hours for clinicians to obtain results where conventional lab-based testing is used. The key to effective influenza management is time - the quicker the presence or absence of flu can be confirmed, the quicker anti-viral medication may be administered, and the quicker patients may be isolated to prevent transmission to others.

In an attempt to reduce time to diagnosis, Alere has developed the Alere™ i Influenza A & B; a rapid, molecular point of care test, which generates a diagnostic result in fifteen minutes or less.

For the 2014-1025 flu season, the NIHR Diagnostic Evidence Co-operative (DEC) Newcastle and the Royal Victoria Infirmary of Newcastle upon Tyne Hospitals NHS Foundation Trust joined forces with the Royal Hallamshire Teaching Hospitals NHS Foundation Trust to conduct a diagnostic accuracy study of the Alere™ i Influenza A & B. In comparison to laboratory real-time Polymerase chain reaction (PCR) Additional data relating to prescription of antivirals and antibiotics, the use of isolation facilities, and length of patient stay, were collected to inform a budget impact model to establish the likely benefits to NHS Trusts of implementation of near patient testing for influenza.

Given the rapid result offered, it is anticipated that adoption of the Alere™ i Influenza A & B near patient test into NHS Trusts would lead to evidence-based and therefore more appropriate use of resources in terms of isolation and patient treatment. It is thought that this impact could be even greater in Trusts without laboratory facilities on site. An early positive diagnosis of influenza, in cases where bacterial infection may be suspected, could also promote and optimise antimicrobial stewardship.

Initial results indicate that the implemented test can also bring about cost savings to NHS Trusts. When compared to real time-PCR.

‘Working with the DEC gives access to world-leading expertise, enabling us to develop evidence beyond basic performance studies.’

Alere

MOLOGIC LTD has developed a urine-based test system HeadStart which enables chronic obstructive pulmonary disease (COPD) patients to monitor their disease status at home for early indications of exacerbation. It will test the levels of key biomarkers in the urine, interpret them and identify imminent acute exacerbation and cause in 10 minutes.

Our insights into health economics, care pathways and patient attitudes has aided the development of a new test to identify early COPD exacerbation. Currently, individuals with COPD need to monitor their health at home and either access emergency services or call their GP when symptoms get worse. Exacerbation symptoms are often unclear and patients’ ability to recognize these is highly variable. When exacerbations occur, many patients go directly to A&E while others notice changed symptoms for some days before taking action, increasing the likelihood of an eventual A&E visit. Early identification of exacerbations will enable clinicians to begin effective treatment in the community which may help reduce the number of A&E visits.

In collaboration with the NIHR Diagnostic Evidence Co-operative (DEC) Newcastle, MOLOGIC LTD was awarded a £100k Small Business Research Initiative (SBRI) contract to further develop the HeadStart test and to prepare an application for a Phase 2 contract to provide robust evidence on clinical utility and cost-effectiveness of the test.

The NIHR DEC Newcastle is leading on the care pathway modelling work. The pathway descriptions will be developed through interviews with clinical experts. Whilst it is known that there is variability in practice throughout the UK, this study will focus on understanding the management of COPD within the Newcastle and North East area.

The Phase 1 study will also seek to capture the patient perspective through discussion with the patients facilitated by the British Lung Foundation and the AHSN NENC.

The care pathway analysis will consider the impact of incorporating the new test into the pathway, especially in relation to management actions. Interviews with some of the main stakeholders, including GPs, will help to determine alternative management solutions to incorporate the new test into the pathway effectively.

‘We are delighted to be working with the NIHR Diagnostic Evidence Co-operative (DEC) Newcastle on this exciting project. The benefits of this relationship have already become clear, right from the start of our collaboration when we wrote the proposal as a joint exercise and, later, when we jointly presented our case to the SBRI ‘Dragons Den’ selection panel. Whilst Mologic brings the background science and product development skills to the project, our AHSN NENC/DEC partners bring a great depth of knowledge and realistic insights in health economics, care pathways and patient attitudes and concerns. We recognise that it might be possible to get all of the science and technology right, while missing the point from the patient or healthcare provider aspects. That’s why it’s so helpful and reassuring to be partnering with AHSN NENC/DEC. On top of the hard facts of deriving maximum value and clinical relevance from the project, we find the team to be so bright, friendly and enthusiastic that it’s a real pleasure to be working with them. This partnership has all the makings of a real winning team.’

Paul Davis, CEO and co-founder, MOLOGIC
Newcastle upon Tyne-based Peacocks Medical Group has reaped the many benefits on offer through the The Innovation Pathway. The medical equipment and services supplier developed a device to measure lower extremity movement and position, to assist in rehabilitation and recovery after total hip or knee replacement surgery.

Work to develop the device has been ongoing since 2015, with increasing interest and involvement from the NHS. The collaborative efforts of a range of partners involved in The Innovation Pathway has assisted Peacocks at key points during the innovation life cycle, and has provided a platform for the firm to increase its visibility within the NHS.

With the help of the NIHR Clinical Research Network (CRN) for the North East and North Cumbria, Peacocks were able to engage directly with several surgeons to discuss investigations into the device, which has resulted in a funded clinical trial within the NHS, with plans for future development of the technology in the pipeline following the trial.

RTC North and NHS Innovations North also worked closely with Peacocks to offer independent intellectual property advice and guidance.

Peacocks has also benefited from attending numerous Innovation Pathway events hosted by NIHR and MedConNect North. This has helped increase visibility within the NHS and facilitate direct collaboration with NHS practitioners, surgeons and development personnel.

‘Our collaboration with NHS Innovations North, the AHSN NENC and the CRN, available as a part of The Innovation Pathway, has helped Peacocks Medical Group to access NHS surgeons, physios and other clinical professionals along with research funding and guidance on clinical trials. This has been of tremendous use in our product and business development processes. Furthermore, we have been able to engage with RTC North regarding intellectual property auditing and staff training.’

Jari Pallari, Research and Development Manager - Peacocks Medical Group

The AHSN NENC has been instrumental in facilitating introductions between Bruin Biometrics and key clinical staff within the North East’s major acute hospitals.

Bruin Biometrics develops innovative sensor-based diagnostic medical equipment which can have a positive impact on the quality of patient lives and healthcare professionals delivering medical care. The companies hand-held and easy to use SEM Scanner specifically helps healthcare professionals identify the early signs of pressure induced tissue damage.

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The ability of the AHSN NENC to quickly connect businesses with specific NHS departments and healthcare professionals has helped to limit wastage time inefficiencies both for businesses such as Bruin Biometrics and the region’s NHS Foundation Trusts.

South Tees and Sunderland NHS Foundation Trusts have both run clinical evaluations with the use of Bruin’s SEM Scanners, with results already showing high levels of pressure ulcer reduction.

Bruin Biometrics is leading the way in pressure ulcer prevention across the UK helping patients in Acute hospitals and with the support of AHSN NENC continues to be introduced to NHS facilities across the region.

‘Bruin Biometrics is delighted at the support available from AHSN NENC in the effort to introduce new and innovative medical technology to the healthcare market.’

Colin Priestley, Managing Director - EMEA
Multi-drug resistance bacteria are a global threat to public health and have been associated with high mortality rates among those patients receiving long term acute care. In order to improve public health and provide information for infection control and prevention, there is an urgent need for rapid diagnostic tests that allow stratification of those patients carrying resistant bacteria.

Carbapenamase producing enterobacteriaceae (CPE) are organisms which are resistant to the carbapenem class of antibiotics, often considered the last resort in the treatment of many bacterial infections. CPEs restrict treatment options and are associated with an increase in morbidity and mortality. They are readily transmissible in healthcare settings and countries such as Greece and Italy are already considered endemic for some classes of CPE.

Renishaw Diagnostics Ltd (RDL), supported by the NIHR Diagnostic Evidence Co-operative (DEC) Newcastle, successfully applied for an Innovate UK, Small Business Research Initiative (SBRI) development contract, worth £150,000. The funding will be used to accelerate development of a PCR based diagnostic assay that will identify patients carrying CPE. Specifically it will detect the five most prevalent gene families known to confer resistance.

We are delighted to have been awarded this funding, and to be able to collaborate with the DEC Newcastle and researchers at the Freeman Hospital, to support the development of a diagnostic assay for the growing threat of carbapenem resistance.

Rupert Jones, General Manager - Renishaw Diagnostics

The Phase 1 study will include validation of the test which will be carried out in collaboration with researchers at the Freeman Hospital, Newcastle. Alongside this, the DEC Newcastle will consider the health economic implications of screening high risk patients with the new test and, through interactions with the AHSN NENC, will gain access to Key Opinion Leaders to help identify the optimal route to market for the test.

The work conducted in Phase 1 will provide the basis for a business case to support the adoption of the test into the NHS. RDL and the DEC Newcastle will work together to apply for Phase 2 funding, the focus of which will be the generation of clinical utility data required as supporting evidence for regulating bodies, policy makers and key decision makers within the NHS.

WE HAVE COLLABORATED WITH THE NORTH EAST LOCAL ENTERPRISE PARTNERSHIP TO IMPLEMENT HEALTH QUEST NORTH EAST. THIS INITIATIVE AIMS TO SOURCE NEW IDEAS AND SOLUTIONS TO ADDRESS REGIONAL SOCIETAL CHALLENGES SUCH AS INNOVATIVE INTERVENTIONS FOR, AND SOLUTIONS TO, LONG TERM CONDITIONS THAT OFTEN LEAD TO WORKLESSNESS AND SOCIAL ISOLATION.

We have invested significant time and resource in preparing this initiative, to give it the best possible start on its journey. This activity has included analysing data sets to assess current health outcomes and economic performance across the region. Moreover, we are working with several organisations including many within the third sector, with a view to securing funding for this activity. This preparatory work will create a strong foundation upon which Health Quest North East will be built.

Health Quest North East aims to boost economic development across the region and address issues of health inequality by supporting the growth of innovative products, ideas and services that will transform the current state of poor health. It will target physical inactivity, obesogenic behaviours, smoking, alcohol misuse and mental health issues. It also aims to drive up economic activity and improve levels of workplace performance.

WHY IS HEALTH QUEST NORTH EAST IMPORTANT?

- POPULATION: 2 MILLION
- £35 BILLION CONTRIBUTION TO UK ECONOMY
- HIGH PRODUCTIVITY GROWTH
- SUCCESSFUL UNIVERSITIES AND ENTERPRISES
- QUALITY OF LIFE
- HIGH UNEMPLOYMENT RATE
- HIGH LEVEL OF ECONOMIC INACTIVITY
- SKILLS GAP
- HEALTH AND SOCIAL ISSUES
HEALTH IMPROVEMENT

Introduction from Professor Oliver James, the AHSN NENC Medical Director:

The AHSN NENC is that crucial, neutral space where practitioners can come together to work across organisational or sectoral boundaries. We remain the only forum in the region that includes expertise and commitment from all the NHS Trusts, CCGs, Universities and industry.

The programmes described here bring together expert practitioners, opinion leaders, patient groups and pharma colleagues to deliver demonstrable improvements in pathways and outcomes.

Collaborative Working

We form part of a national system and act as an honest broker across our region. An example of national adoption and spread is in our Mental Health programme which is working with colleagues in Yorkshire and Humber, North West Coast, London and Wessex. As you can see from the psychosis pathway case study, the engagement of all three of our Mental Health Trusts in the programme will allow us to deliver this at scale.

Locally, we have excellent partnerships with the Northern England Strategic Clinical Networks (including our joint Mental Health and Atrial Fibrillation programmes) and North East Commissioning Support (with joint working on Data Integration, Digital Health and Frail Elderly).

Importantly, our Health Improvement programmes are closely partnering with the local Vanguards and developing new models of care. In particular we are working on several aspects of the regional Urgent and Emergency Care Vanguard and in the Digital Health, Medicines Optimisation and the Frail Elderly programmes with the Sunderland and Gateshead Vanguards, in respect of improvements in nursing home care.

We welcome, and actively encourage, pharma input into our programmes. We have pharma representation on many of the programme steering groups. Pharma colleagues play an integral part in developing projects, bringing expertise and valuable resources.

Focus on Needs of Patients and Populations...

- **Over 650,000** patients benefitting from AHSN screening initiatives
- **Over 1,600** care settings engaged
- **100%** of our Trusts, CCGs and Universities are working with us to deliver our programmes

Build a Culture of Partnership and Collaboration...

- **Over 3,000** subscribers to newsletters
- **Over 2,800** attendees at events in the last 12 months
- **Over 10,000** staff trained through an AHSN programme
HEALTH IMPROVEMENT

OUR PROGRAMMES

The case studies which follow in this section provide evidence of impact and show the breadth of our activity. We have clinical programmes in Atrial Fibrillation, Respiratory Care, Frail Elderly, Mental Health and Falls and Fractures, which are all well-established throughout the North East and North Cumbria.

We also have cross-cutting programmes in Medicines Optimisation, Digital Health, Measurement, PPI, Patient Safety and Quality Improvement.

Due to the hard work of our programme leads and careful overall project management there is impressive buy-in to our programmes. The programme leads are now recognised as the go-to people within the system.

CLINICAL PROGRAMMES

Atrial Fibrillation
Falls and Fractures
Frail Elderly
Mental Health
Respiratory Care

HIGHLIGHTS FROM OUR HEALTH IMPROVEMENT PROGRAMMES

Digital Health
The Digital Health programme has formed an integral part of many of our clinical programmes and has been a valued resource for partner organisations. Working with the Frail Elderly Programme, the “Well Connected Care Home” project monitors care home residents across a range of clinical domains. Information is recorded on hand-held tablets and transferred directly into care home and GP records, providing the opportunity for earlier identification of signs of deterioration, and appropriate action to hopefully avoid hospital admission. Following the successful adoption of this initiative in over 60 care homes, this work will be rolled out at scale across our region.

Respiratory Care
The Respiratory programme has developed training which has been successfully completed by over 60 practice nurses. This ‘back to basics’ approach aims to help healthcare practitioners assess and empower patients to manage their COPD more effectively. Following completion of the four day training course, the students are asked to conduct an audit in their own practice to help determine where improvements in COPD management might be made.

Falls and Fractures
Our osteoporosis and bone health audit has successfully completed in 47 GP practices, reviewing around 280,000 patients. In 2016/17 the programme is being systematically rolled out at scale.

Frail Elderly
Two of the region’s Vanguard sites focus on frail older people (Sunderland - Multispecialty Community Provider and Gateshead - Enhanced Health in Care Homes), and other localities in our region are also redesigning their care models for older people. We are working with these areas to support this work, and to embed the learning from our projects within these new models of care.

Measurement
Measurement, via an SLA with the North East Quality Observatory Service (NEQOS), is closely focussed on helping the clinical programmes monitor and evaluate the impact of their initiatives. The programmes will all produce measurable outcomes by mid-2017. A great deal of baseline work has taken place in 2015/16 to allow this to happen.

Patient and Public Involvement (PPI)
PPI is an integral part of all the health improvement programmes. In many areas, patients are involved in design or establishment of individual initiatives. The clinical programmes work with several patient centred voluntary organisations or charities, which are also represented on the programme steering groups.
Our Medicines Optimisation (MO) programme works across the region to deploy workable solutions to medicine-related issues. It aligns our clinical programmes with medicines usage and safety but also initiates specific MO and patient safety work. There is also a strong national AHSN MO network so that good practice can be shared between regions. The guiding principle for the MO programme is to have a person centred approach to improving routine usage of medicines. In all of our work we ensure that initiatives are inclusive, value for money, sustainable and based on the best available evidence. The following case study exemplifies the work and impact of the MO programme.

At the HSJ Awards the project was described by judges as a “beautiful, simple solution that works. developed by clinical leaders who saw potential in existing functionality.” The judges went on to praise how the Newcastle upon Tyne Hospitals Trust ‘genuinely demonstrated adoption and diffusion of innovative practice across the region’ and that “Every hospital should be doing this.”

Examples of interventions made in the community pharmacist conversations include:

- Correcting misunderstanding about medicines (e.g. patient confusion of inhaler types).
- Discussing with patients why their medicines have changed.
- Destroying medicines no longer prescribed following hospital admission.
- Ensuring optimum pain control.

OUTCOMES AND IMPACT

The work has been established as an exemplar of communication between secondary care and community pharmacy. Community pharmacists reported that around 90% of patients had a better understanding of their medicines as a result of their consultation and would be therefore more likely to adhere to their medicine regimes. The project team have won two prestigious HSJ awards in 2015, in the categories for ‘Enhancing Care by Sharing Data and Information’ and ‘Most Effective Adoption and Diffusion of Best Practice’.

5-8% of unplanned hospital admissions are due to medication issues and when patients are prescribed a new medicine, a third are non-adherent after 10 days and 30-50% of medicines are not taken as intended. To improve medicine adherence, improve patient safety and improve patient outcomes, the Newcastle Upon Tyne Hospitals NHS Foundation Trust worked with North of Tyne Local Pharmaceutical Committee and Pinnacle Health to develop an electronic referral template using PharmOutcomes.

This supported programme of work has delivered regional spread of the initiative and is seeing hospital pharmacy staff across the region use the system to refer patients to their community pharmacist as they leave hospital. Community pharmacists then have an opportunity to have a discussion with the patients about any changes to their medicines or issues that need to be addressed.

For healthcare leaders, 2015 Awards
Mental health problems represent the largest single cause of disability in the UK. The cost to the health economy is estimated at £105 billion a year. One in four adults experience at least one diagnosable mental health problem in any given year. Our Mental Health programme was established to address regional priorities and contribute to the national agenda for mental healthcare reform. The aim of the programme is to identify and enable transformational change that can add value for service users, carers, families and local communities. We do this by working in partnership to enable the system wide adoption of innovation at scale and pace.

The following provides an overview of our main projects within the programme:

**Long Term Conditions**

We know that people with long term physical illnesses suffer more complications if they also develop mental health problems, increasing the cost of care by an average of 45%. We have delivered 3 depression masterclasses to almost 100 primary care staff to help identify depression in people with long term conditions.

**Suicide Prevention**

Suicide is rising, after many years of decline. Suicide rates in England have increased steadily in recent years, peaking at 4,882 deaths in 2014. The rise is most marked amongst middle-aged men. Suicide is now the leading cause of death for men aged 15-49 who are three times more likely than women to take their own lives. To support suicide prevention efforts in Cumbria, we have worked in partnership to establish a multi-agency network to collate and share real time data, with a view to piloting a real time alert system.

**Dementia**

According to the Alzheimer’s Society, there are currently around 800,000 people living with dementia in the UK, with one in three people over 65 expected to develop some form of dementia. We are delivering a Living Well with Dementia programme to people who have a recent or suspected diagnosis of dementia, and their carers. We are also supporting partner organisations in their work on dementia, including the Dementia Hub to share and spread innovations, and the CRESTA Clinics (Clinics for Research and Service in Themed Assessments) to provide support for individuals with specific dementia outcomes.

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**PROJECT FOCUS**

**MENTAL HEALTH**

- Disseminated the co-production methodology of a NICE concordant psychosis pathway and completed a benchmarking exercise with all secondary care providers in the region.
- Shared the work and tools developed by the AHSN Yorkshire and Humber to increase the number of physical health checks for individuals with severe mental illness in primary and secondary care.
- Supported the design and delivery of a virtual recovery college which includes psycho-education including self-management information pages that can be accessed across the region.
- Produced baseline data reporting including hospital activity for psychosis; this work is undertaken in collaboration with our Measurement programme delivered by NEQOS.

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**Psychosis**

People with psychosis are reported to die 15 to 20 years earlier than other citizens and caring for those with psychosis is reported to cost the UK economy £11.8bn per year. To help address the issue across the region we have:

- Commenced a pilot in Northumberland, Tyne and Wear NHS Foundation Trust in partnership with our Patient Safety Collaborative programme. Started in January 2016, this provides prompts to patients to complete outcome measures that can be recorded in real time into the patient record.

‘This programme comes at just the right time. There is a national commitment to improving mental health care provision and a huge swell of people wanting to join in the debate and have their say. There is nothing the mental health leaders in the North East haven’t got the answer to. So we must find the energy and capacity to come together and share best practice. Every time we don’t, it means someone is dying early or suffering unnecessarily.’

Dr Geraldine Strathdee OBE, NHS England
A recent report from Public Health England estimates that 1.36 million people in England are living with Atrial Fibrillation (AF). The current diagnosed prevalence rate is 1.6%, suggesting that 474,000 people are living with undiagnosed AF across England. Furthermore, a number of recent UK studies suggest that, among patients in whom AF has been detected, best practice of discussion and adoption of appropriate treatment is quite low overall and subject to marked variation in different areas.

The AF programme aims to reduce the number of strokes which result from undiagnosed and untreated AF through targeted case finding and optimal treatment with anticoagulants. We have developed priority areas for the programme which focus on:

- Detecting those patients with undiagnosed AF
- Ensuring optimal treatment for patients identified as having AF.

In collaboration with over 100 GP Practices, pulse checks have been introduced to aid detection of undiagnosed AF at long term conditions reviews and flu clinics as well as through other routes where health professionals will be taking pulses.

'Stroke prevention is a low hanging fruit in a population that have many co-morbidities and we hope that this work will demonstrate that change can happen.'

Dr Nigel Rowell, South Tees CCG CVD Lead and member of the AHSN NENC AF steering group

Projects that have been developed fit around the two major priorities and include the following:

- More than 2,000 ‘AF Cards’ will be distributed to every GP across the region. The laminated card decks feature top tips and guidance.
- Working with GP practices in South Tees and North Yorkshire, patients with AF are being offered reviews by South Tees Arrhythmia Service who will visit participating practices to ensure treatment is optimised for the patient. This work has been funded by Pfizer up to £100k.
Patient Safety Collaboratives (PSC) are national programmes to improve the safety of patients and ensure that continual patient safety learning sits at the heart of healthcare in England. The collaboratives empower local patients and healthcare staff to work together to identify safety priorities and develop solutions.

In the North East and North Cumbria, we deliver the programme via:

Supporting projects on key national priorities: Healthcare Associated Infections (Sepsis and Community Acquired Pneumonia); Pressure Ulcers; Deterioration in Children (RESILIENCE); Acute Kidney Injury; Falls Prevention. We also funded projects in mortality and behaviour change intervention (ThinkSAFE).

Building capacity: In partnership with Health Education England, we established a practitioner-led patient safety and quality improvement Executive. The members of the Executive are all recognised regional and national leaders in the field of patient safety and quality improvement. The Executive will continue to support the PSC work and have established a regional forum on quality improvement.

Stakeholder engagement and dissemination: We continue to engage with key healthcare stakeholders and collaborate with other AHSN’s Health Improvement programmes. We have organised masterclasses and events attended by more than 500 healthcare staff.

Alignment to national initiatives: We are closely aligned with the national Health Foundation’s Q initiative and support the dynamic community of Q Members in the North East and North Cumbria. We are also aligned with the “Sign up to Safety” national campaign.

ACUTE KIDNEY INJURY: This project seeks to streamline the way clinicians across the region identify and manage patients with acute kidney injury (AKI). For this purpose, regional collaboration was established to develop and ratify consensus on AKI management and referral pathways. AKI educational materials, pathways and care bundle have been developed and the training will be rolled out in the 9 NHS Acute Trusts in the North East and North Cumbria.

FALLS PREVENTION: This collaborative project builds on the existing North East Regional Falls Task Group and aims to reduce inpatient falls. A ‘FallSafe’ care bundle (based on Royal College of Physicians best practice guidelines) has been implemented on 14 wards across two NHS Foundation Trusts.

MORTALITY REVIEW: The North East Quality Observatory Service (NEQOS) and Clarity Informatics engaged with three foundation trusts to build a tool to deliver case note reviews of patient deaths. The structured review of the events leading up to death provide a unique insight into the care delivered at each site and allow for learning across the multi-disciplinary team.

SERIOUS INFECTION SEPSIS AND COMMUNITY ACQUIRED PNEUMONIA: The North East Quality Observatory Service (NEQOS) and Clarity Informatics collaborated with 8 NHS Foundation Trusts to develop a centralised repository to monitor the prevalence and implementation of recognised care bundles for sepsis and community associated infections (Sepsis and Community Acquired Pneumonia).

NORTH EAST PRESSURE ULCER REDUCTION COLLABORATIVE: The pressure ulcers project aims to reduce avoidable pressure ulcers by at least 50% in one year. This project has over 100 participants from ten NHS Foundation Trusts, CCGs, care homes and universities from North East and North Cumbria. This project has successfully been delivered by learning sessions, WebEx meetings and site visits.

ThinkSAFE: Informed by local research, the ThinkSAFE project developed a number of freely available resources, such as a personal healthcare log book, patient safety video, and a dedicated website www.thinksafe.org.uk. The resources are designed to support the sharing of information between patients, their families and healthcare staff during a stay in hospital. This project has been successfully implemented within 5 NHS Foundation Trusts across the North East and has received national attention. ThinkSAFE was formally launched at an event in February 2016, and currently the ThinkSAFE team are examining mechanisms to be rolled out widely.

DETERRIORATING CHILD (RESILIENCE): This collaborative project aims to establish and monitor regional pathways for both sepsis and asthma for children across primary, secondary and tertiary care. Stakeholder representatives include medical and nursing staff from all acute hospital trusts across the NENC region, representatives from community-based health services (CCGs, Northern Doctons), from the North East Ambulance Service and from NECTAR, the critical care transport service. The views of patients and their parents are also being sought. Development of the pathways is underway, with trials planned to take place over the summer months.

The newly formed Patient Safety Collaborative/Quality Improvement Executive with AHSN NENC’s CEO Dr Séamus O’Neill. From left to right: Dr Claire Kenwood, Associate Medical Director for Quality, Cumbria Partnership NHS Foundation Trust; Dr Ted Brown, Executive Director of Nursing, Allied Health Professions and Patient Safety at South Tyneside NHS Foundation Trust; Annie Laverty, Director of Patient Experience & Quality at Northumbria Healthcare NHS Foundation Trust; Tony Roberts, Programme Lead for the Patient Safety Collaborative at AHSN NENC. Mr Jon Hanson, Chair of Patient Safety Faculty at Health Education North East.
The Bright Ideas in Health Awards have been shining the spotlight on the region’s unsung healthcare innovators for more than a decade.

Organised by NHS Innovations North on our behalf, the annual Awards celebrate the ‘bright ideas’ and achievements of NHS employees throughout all sectors of the health service in the North East and North Cumbria.

These healthcare professionals have risen to the challenge of telling us how and where they believe improvements to the service provided to patients can be made, either through a technical innovation or through better service delivery.

In 2016, NHS Innovations North received a record number of entries to the Bright Ideas in Health Awards since the competition began in 2003.

IMPROVING DEMENTIA CARE IN GENERAL PRACTICE
WINNER OF THE CCG INNOVATION WITHIN PRIMARY CARE AWARD IN 2015
Sheinaz Stansfield, Practice Manager at Oxford Terrace and Rawling Road Medical Group

Forward-thinking staff at Oxford Terrace and Rawling Road Medical Group developed a dedicated new role to address the complex needs of dementia patients. The role of Primary Care Navigator supports dementia patients by providing improved navigation through the healthcare system.

The project won the award for CCG Innovation within Primary Care in 2015, which has provided the practice, based in Gateshead, with a platform to position itself as a thought leader in the region’s health and social care field.

Sheinaz Stansfield, who led the team, said: ‘Since winning the award we have received television coverage and are now recognised as a national beacon for General Practice. We also went on to win eight other awards – including one for inspirational leadership in transforming general practice.’
SLEEP MASK FOR DIABETIC PATIENTS WITH SIGHT COMPLICATIONS
WINNER OF THE SME INNOVATION IN HEALTHCARE AWARD IN 2015
RICHARD KIRK, CHIEF EXECUTIVE AT POLYPHOTONIX

The Bright Ideas in Health Award helped the medtech firm reach new audiences and establish new partnerships. PolyPhotonix picked up an award for the Noctura 400 Sleep Mask, which is a revolutionary treatment for Diabetic Retinopathy, one of the most common causes of blindness in the western world, in the form of a device worn by patients during sleep hours. The treatment is non-invasive and the Sleep Mask is programmed to administer a precise dose of light each night as part of a continuing programme of therapy.

Developer of the Sleep Mask, Chief Executive at Sedgefield-based PolyPhotonix, Richard Kirk, said: ‘Specifically, the award has helped to raise the profile of our revolutionary treatment for Diabetic Retinopathy in our key target market, which is the NHS. We have enjoyed increased interest and engagement from a number of clinicians, CCGs and NHS Trusts, and we are setting up a series of evaluations which will pave the way for NHS adoption. We have also started to work with a new marketing and communications partner, Onyx Health, who we met at the Awards dinner. Their expertise in healthcare communications is proving invaluable to us in these latter stages of commercialisation of the Noctura 400 Sleep Mask.’

IMPROVED AIR REGULATOR
WINNER OF THE INNOVATIVE TECHNOLOGY OR DEVICE AWARD IN 2013
DAVID BRAMLEY, CONSULTANT AT CITY HOSPITALS SUNDERLAND NHS FOUNDATION TRUST

Innovator David Bramley was given the confidence and support to help develop his air regulator device after winning his Bright Ideas in Health Award.

David developed an initial idea for a device that offers significant improvements to the safety of medical gases. The air regulator, which prevents the inadvertent administration of air instead of oxygen to a patient, was prompted by the National Patient Safety Agency issuing a safety alert in relation to the incorrect administration of gas.

David Bramley said: ‘The Innovative Technology or Device award gave me the confidence to not give up. I realised that I could just have an initial good idea, but that other organisations and partners could help to support me with its development.’

Partnering with Quality Hospital Solutions, David now has the platform to develop his idea through market research and the opportunity, network of contacts and confidence to approach manufacturers with the intent of commercialising his product, creating a user friendly version suitable for mass market within the NHS.

DURHAM CONSTIPATION SERVICE
WINNER OF THE PATIENT AND PUBLIC INVOLVEMENT (PPI) AWARD IN 2015
PROFESSOR YAN YIANNAKOU, COUNTY DURHAM AND DARLINGTON NHS FOUNDATION TRUST

Yan Yiannakou and his team were the winners of the Patient and Public Involvement award recognising the Durham Constipation Service. The service embeds patients into the research team and allows the Trust to have a much more focussed approach to improving patient care.

The service is continually striving to develop innovative strategies to improve engagement with patients, working to increase and tailor its research activity and clinical focus in areas of particular importance to them.

As a result, a holistic multi-disciplinary service has been developed which provides a high quality of care to patients suffering from chronic constipation and other functional bowel disorders. Patients are invited to contribute to the multi-disciplinary team meetings as well as helping to steer both service and research priorities.

Leading the service, Professor Yan Yiannakou, said: ‘The awards gave the whole team a real boost and helped us renew our efforts after a busy year. The enthusiasm generated has led to further developments in our PPI processes. They have raised the profile of the team and have led directly to new research opportunities.’